UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

JOSUE ORTIZ, Plaintiff, vs. RICHARD WAGSTAFF, MARY GUGLIUZZA, MARK VAUGHN, MARK STAMBACH, and BPD DOES 1-12, in their Capacity as Police Officers of the CITY OF BUFFALO; BUFFALO POLICE DEPARTMENT; CITY OF BUFFALO, Defendants.	**PLAINTIFF'S RESPONSES TO DEFENDANTS' FIRST REQUEST FOR PRODUCTION OF DOCUMENTS** Civil Action No.: 16-cv-321 (LJV/HBS)

PLAINTIFFS, as and for their response to Defendants' First Request for Production of Documents respond as follows:

DOCUMENTS REQUESTED

1. All documents, notes, memoranda or electronic information that the Plaintiff may use in support of his claims against the Defendants concerning the incidents in the Complaint

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

2. All documents, notes, memoranda or electronic information concerning the incidents in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

3. All physical evidence in the possession of the Plaintiff regarding the incidents in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

9. Copies of Plaintiff's state and federal income tax returns, including W-2 statements for the past twenty years along with signed and unrestricted authorizations permitting the City of Buffalo Law Department to obtain copies of Plaintiff's state and federal income tax returns, including W-2 statements for the past twenty years.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

10. All medical records, bills or invoices from any health care provider who treated Plaintiff for physical, mental and/or emotional injuries allegedly received as a result of the incidents in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

11. All audiotapes, photographs, videotapes and documents stored electronically in the possession of the Plaintiff concerning the incidents in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

12. Any notes, logs, diaries, journals or other documents generated or kept by Plaintiff or by members of his family relative to any of the incidents in the Complaint or Plaintiff's alleged damages.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

13. All contracts, invoices, bills, estimates or other documents concerning Plaintiff's damages as a result of the incidents alleged in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

14. Fully executed authorizations unlimited in time, permitting the City of Buffalo Law Department to obtain Plaintiff's medical records for any physical, mental health and/or emotional injuries suffered as a result of the incidents in the Complaint.

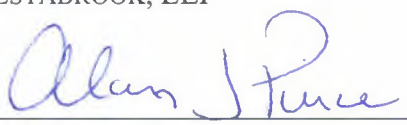
RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

15. Fully executed authorization unlimited in time, permitting the City of Buffalo Law Department to obtain Plaintiff's medical records for any prior physical, mental health, and/or emotional injuries to which Plaintiff suffered prior to the incidents described in the Complaint.

RESPONSE: See accompanying documents provided herewith, including on the accompanying disks.

DATED: May 10, 2019

HANCOCK ESTABROOK, LLP

By: 

Alan J. Pierce, Esq.
Attorneys for Plaintiff
100 Madison St., Suite 1800
Syracuse, New York 13202
(315) 565-4500

Wayne C. Felle, Esq.
6024 Main Street
Williamsville, New York 13221
(716) 505-2700

GENERAL DATA SHEET FOR
JOSUE ORTIZ

Date of birth: 10/14/81

Date of incarceration: 11/16/04 - 12/8/14

His economic loss is calculated using 2 approaches:
1. NYS minimum wage
2. Average earnings of a non-high school graduate

Date	NYS minimum wage
3/31/00	$5.15
1/1/05	$6.00
1/1/06	$6.75
1/1/07	$7.15
7/24/09	$7.25
12/31/13	$8.00
12/31/14	$8.75
12/31/15	$9.00

Average annual increase over this period: 3.6%
Annual increase used after 2015: 2.5%

per hour	hours/week	weeks/year	wages/year
$5.15	40	50	$10,300
Reduce by 8.3% for the possibility of unemployment:			$9,445

The long-term unemployment rate for hispanic males has been about 8.3%.

According to U.S. Census Bureau, the average wage in 2011 for hispanic males without a a high school degree was: $24,202
Reduce by 8.3% for the possibility of unemployment: $22,193

Wage increase used here: 2.5%

Additional years of expected work-life (NYS PJI) as of 12/8/14: 23.6

EARNINGS PROJECTION FOR JOSUE ORTIZ AT THE NYS MINIMUM WAGE

Year	Age		Wages
11/16/04	23		$1,181
2005	24		$9,780
2006	25		$10,128
2007	26		$10,487
2008	27		$10,860
2009	28		$11,245
2010	29		$11,644
2011	30		$12,058
2012	31		$12,486
2013	32		$12,929
12/8/14	33		$12,607
		Past	**$115,406**
2014	33		$781
2015	34		$13,864
2016	35		$14,210
2017	36		$14,566
2018	37		$14,930
2019	38		$15,303
2020	39		$15,686
2021	40		$16,078
2022	41		$16,480
2023	42		$16,892
2024	43		$17,314
2025	44		$17,747
2026	45		$18,190
2027	46		$18,645
2028	47		$19,111
2029	48		$19,589
2030	49		$20,079
2031	50		$20,581
2032	51		$21,095
2033	52		$21,623
2034	53		$22,163
2035	54		$22,717
2036	55		$23,285
2037	56		$23,867
		Future	**$424,796**
		Total	**$540,202**

EARNINGS PROJECTION FOR
JOSUE ORTIZ
AS AN AVERAGE NON-HIGH SCHOOL GRADUATE

Year	Age		Wages
11/16/04	23		$2,334
2005	24		$19,137
2006	25		$19,616
2007	26		$20,106
2008	27		$20,609
2009	28		$21,124
2010	29		$21,652
2011	30		$22,193
2012	31		$22,748
2013	32		$23,317
12/8/14	33		$22,506
		Past	**$215,341**
2014	33		$1,394
2015	34		$24,497
2016	35		$25,110
2017	36		$25,737
2018	37		$26,381
2019	38		$27,040
2020	39		$27,716
2021	40		$28,409
2022	41		$29,119
2023	42		$29,847
2024	43		$30,594
2025	44		$31,358
2026	45		$32,142
2027	46		$32,946
2028	47		$33,770
2029	48		$34,614
2030	49		$35,479
2031	50		$36,366
2032	51		$37,275
2033	52		$38,207
2034	53		$39,162
2035	54		$40,141
2036	55		$41,145
2037	56		$42,174
		Future	**$750,626**
		Total	**$965,967**

THE LAW OFFICES OF
WAYNE C. FELLE, P.C.
ATTORNEY & COUNSELOR AT LAW
6024 MAIN STREET
WILLIAMSVILLE, NEW YORK 14221-6833

Telephone: (716) 505-2700
Facsimile: (716) 505-2727

January 3, 2018

Alan J. Pierce, Esq.
Hancock Estabrook, LLP
1500 AXA Tower I
100 Madison Street
Syracuse, NY 13202

SENT VIA EMAIL
& U.S MAIL

Re: Ortiz v. Wagstaff et al
Case No: 1:16 CV 00321

Dear Mr. Pierce:

In response to your email of December 22, 2017, please find enclosed the following authorizations allowing the City of Buffalo to obtain requested documentation:

- One (1) Authorization for Release of Photocopies of Tax Returns and/or Tax Information forms (Form DTF-505) for records from 2004 to present.
- Two (2) Request for Transcripts of Tax Return forms (Form 4506-T) for records from 2004 to present
- Remedy Intelligent Staffing
- SPS Temporaries, Inc.,
- Chilli's Restaurant
- Holiday Inn Express & Suites
- Niagara County Department of Mental Health
- Niagara Falls Memorial Medical Center
- Lake Shore Behavioral Health and;
- Dr. Brian S. Joseph, M.D

Please note, Mr. Ortiz was not a New York State resident until 2004 and Puerto Rico residents are not required to file taxes. Further, Mr. Ortiz was unemployed from 2004 to 2014 due to being incarcerated therefore no records will be provided for that period of time.

Very truly yours,

WAYNE C. FELLE, ESQ.

WCF/bec
Enclosures

NEW YORK STATE

Department of Taxation and Finance

Authorization for Release of Photocopies of Tax Returns and/or Tax Information

DTF-505
(4/17)

Part A – Taxpayer information

Taxpayer's name as shown on return	Taxpayer's SSN or EIN as shown on return
Josue D. Ortiz	597-01-4236
Joint taxpayer's name as shown on return	Joint taxpayer's SSN as shown on return
Street address as shown on return	Telephone number
2449 Niagara Avenue, Upper Apt.	( )
City, state, ZIP code as shown on return	VIN number *(only if requesting Form DTF-802)*
Niagara Falls, New York 14305	
Current name or names *(if different from name(s) above)*	
Current address *(if different from address above)*	

Part B – Tax return information *(attach additional sheets if necessary)*

Column A	Column B
Tax type *(Mark an X in one box in each row for the type of tax information requested.)*	**Tax year(s) requested** *(List all years or periods requested for the tax type in Column A.)*
Income tax ☒ Corporation tax ☐ Withholding Tax ☐ Sales tax ☐ Other *(tax type)*: _____ ☐	2004, 2005, 2006, 2007, 2008, 2009, 2010
Income tax ☒ Corporation tax ☐ Withholding Tax ☐ Sales tax ☐ Other *(tax type)*: _____ ☐	2011, 2012, 2012, 2013, 2014, 2015, 2016
Income tax ☒ Corporation tax ☐ Withholding Tax ☐ Sales tax ☐ Other *(tax type)*: _____ ☐	2017
If you are authorizing the release of **only** information verifying the timely filing of tax returns listed above, mark an **X** here. ..... ☐	If the copies must be certified for court or administrative proceedings, mark an **X** here. ..... ☐
Reason for the request: Litigation	

Part C – Third party information *(Complete this section only if the return or information is to be sent to a third party, such as a mortgage company.)*

Print name of authorized individual	
Print firm's name *(if applicable)*	
City of Buffalo Department of Law	
Street address *(number and street or PO Box)*	
65 Niagara Square	
City, state, ZIP code	Telephone number
Buffalo, New York 14202	(716)851-4343

Part D – Certification

I certify that I am either the taxpayer whose name is shown on the return, or the taxpayer's representative authorized to obtain the tax return or information requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form DTF-505 on behalf of the taxpayer.

Printed name of taxpayer or authorized individual	Title
Josue D Ortiz	
Signature of taxpayer or authorized individual	Date
Josué D. Ortiz	1-3-18

This form must be signed by the taxpayer or the taxpayer's authorized representative, and you must provide a form of identification to validate your signature (such as a photocopy of your driver license or non-driver ID card). If the request applies to a joint return, only one spouse is required to sign.

506001170094

Form **4506**

(July 2017)

Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506, visit *www.irs.gov/form4506*.**

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return,** or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
Josue D. Ortiz	597-01-4236
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
Josue D. Ortiz - 2449 Niagara Avenue, Upper Apt. Niagara Falls, New York 14305

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.
City of Buffalo Department of Law - 65 Niagara Square, Buffalo New York 14202

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note: If the copies must be certified for court or administrative proceedings, check here . . . . . ☐

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12/31/2004	12/31/2006	12/31/2008	12/31/2010
12/31/2005	12/31/2007	12/31/2009	12/31/2011

8 **Fee.** There is a $50 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.**

a	Cost for each return	$
b	Number of returns requested on line 7	
c	Total cost. Multiply line 8a by line 8b	$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . . . . ☐

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Josue D. Ortiz — **Signature** (see instructions) — Date 11/3/18

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

Form **4506**

(July 2017)

Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

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▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506, visit *www.irs.gov/form4506*.**

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return,** or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
Josue D. Ortiz	597-01-4236
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
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City of Buffalo Department of Law - 65 Niagara Square, Buffalo New York 14202

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note: If the copies must be certified for court or administrative proceedings, check here . . . . . ☐

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12/31/2012	12/31/2014	12/31/2016	
12/31/2013	12/31/2015	12/31/2017	

8 **Fee.** There is a $50 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.**

a	Cost for each return	$
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☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Josue D. Ortiz — **Signature** (see instructions) — 1-3-18 — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Remedy Intelligent Staffing**
403 Main Street
Buffalo, New York 14203

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to: **Employment records**

The following person or class of persons may receive disclosure of protected health information:

City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel or revoke this authorization at any time by submitting a written request to you. However, I understand that any action already taken in reliance on the authorization cannot be reversed and my revocation will not affect those actions.
- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

This authorization **MUST BE AN ORIGINAL.**

Authorization to obtain records is provided based upon recipient's agreement to provide copies of all medical records received to the plaintiff.

The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josue D. Ortiz — 1-3-18 — 10/14/1981
Signature of Individual — Date — Date of Birth

Briana E. Croce — 1/3/18
Signature of Guardian/Personal/Legal Representative — Date
Notary Public/Witness

BRIANA E CROCE NOTARY PUBLIC NO. 01CR6340476 QUALIFIED IN ERIE COUNTY COMM. EXP. 04/10/2020 STATE OF NEW YORK

This authorization must be completed in its entirety. A copy of this completed, signed and dated form must be given to the Individual or person signing on the Individual's behalf.

Note: Sections 17 and 18 of the Public Health Law limit the amount that can be charged for providing copies pursuant to this request to a reasonable charge not to exceed $.75 per page.

Specifically, this form complies with the Code of Federal Regulations Title 45, Part 164.508 pursuant to the Health Insurance Portability and Accountability Act of 1996 [HIPAA]. This form also complies with Sections 17 and 18 of the New York Public Health Law.

HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Chili's Restaurant**
PR-3
Humacao, Puerto Rico 00791

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
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1100 City Hall
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- I may cancel or revoke this authorization at any time by submitting a written request to you. However, I understand that any action already taken in reliance on the authorization cannot be reversed and my revocation will not affect those actions.
- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

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Josué D. Ortiz — 1-3-18 — 10/14/1981
Signature of Individual — Date — Date of Birth

Briana E. Croce — 1/3/18
Signature of Guardian/Personal/Legal Representative — Date
Notary Public/Witness

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HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Holiday Inn Express & Suites**
10111 Niagara Falls Boulevard
Niagara Falls, New York 14304

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
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65 Niagara Square
1100 City Hall
Buffalo, New York 14202

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- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

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Josué D. Ortiz — 1/3/18
Signature of Individual — Date

10/14/1981
Date of Birth

Briana E. Croce — 1/3/18
Signature of Guardian/Personal/Legal Representative — Date

Notary Public/Witness

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HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **SPS Temporaries, Inc.,**
49 West Tupper
Buffalo, New York 14202

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to: **Employment records**

The following person or class of persons may receive disclosure of protected health information:

City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel or revoke this authorization at any time by submitting a written request to you. However, I understand that any action already taken in reliance on the authorization cannot be reversed and my revocation will not affect those actions.
- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

This authorization **MUST BE AN ORIGINAL.**

Authorization to obtain records is provided based upon recipient's agreement to provide copies of all medical records received to the plaintiff.

The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josue D. Ortiz | 1/3/18 | 10/14/1981
Signature of Individual | Date | Date of Birth

Briana E. Croce | 1-3-18
Signature of Guardian/Personal/Legal Representative
Notary Public/Witness | Date

BRIANA E CROCE
NOTARY
NO. 01CR6340476
QUALIFIED IN
ERIE COUNTY
COMM. EXP.
04/18/20
STATE OF NEW YORK

This authorization must be completed in its entirety. A copy of this completed, signed and dated form must be given to the Individual or person signing on the Individuals behalf.

Note: Sections 17 and 18 of the Public Health Law limit the amount that can be charged for providing copies pursuant to this request to a reasonable charge not to exceed $.75 per page.

Specifically, this form complies with the Code of Federal Regulations Title 45, Part 164.508 pursuant to the Health Insurance Portability and Accountability Act of 1996 [HIPAA]. This form also complies with Sections 17 and 18 of the New York Public Health Law.

HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Dr. Brian S. Joseph, M.D**
5820 Main Street
Williamsville, New York 14221

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to:_____

The following person or class of persons may receive disclosure of protected health information:

City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel or revoke this authorization at any time by submitting a written request to you. However, I understand that any action already taken in reliance on the authorization cannot be reversed and my revocation will not affect those actions.
- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

This authorization **MUST BE AN ORIGINAL.**

Authorization to obtain records is provided based upon recipient's agreement to provide copies of all medical records received to the plaintiff.

The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josue D. Ortiz Melgar — 1/3/18 — 10/14/1981
Signature of Individual — Date — Date of Birth

Briana E Croce — 1/3/18
Signature of Guardian/Personal/Legal Representative — Date
Notary Public/Witness

BRIANA E CROCE NOTARY PUBLIC STATE OF NEW YORK NO. 01CR6340476 QUALIFIED IN ERIE COUNTY COMM. EXP. 04/18/2020

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HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Niagara County Department of Mental Health**
Shaw Building, Mt. View Campus
5467 Upper Mountain Road
Lockport, New York 14094

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to:_____

The following person or class of persons may receive disclosure of protected health information:

City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

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- The information to be used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

This authorization **MUST BE AN ORIGINAL.**

Authorization to obtain records is provided based upon recipient's agreement to provide copies of all medical records received to the plaintiff.

The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josué D. Ortiz Ortiz — 1-3-18 — 10/14/1981
Signature of Individual — Date — Date of Birth

Briana E Croce — 1/3/18
Signature of Guardian/Personal/Legal Representative — Date
Notary Public/Witness

BRIANA E CROCE NOTARY PUBLIC STATE OF NEW YORK NO. 01CR6340476 QUALIFIED IN ERIE COUNTY COMM. EXP. 04/18/2020

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HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Niagara Falls Memorial Medical Center**
621 Tenth Street
Niagara Falls, New York 14302

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to:_____

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City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

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This authorization **MUST BE AN ORIGINAL.**

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The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josué D Ortiz 1-3-18 10/14/1981
Signature of Individual Date Date of Birth

Briana E Croce 1/3/18
Signature of Guardian/Personal/Legal Representative Date
Notary Public/Witness

BRIANA E CROCE
NOTARY PUBLIC
NO. 01CR6340476
QUALIFIED IN
ERIE COUNTY
COMM. EXP.
04/18/2020
STATE OF NEW YORK

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HIPAA COMPLIANT MEDICAL AUTHORIZATION

To: **Lake Shore Behavioral Health**
951 Niagara Street
Buffalo, New York 14213

Regarding: **JOSUE D. ORTIZ**

I hereby authorize, for personal reasons, the release of all medical, hospital, pharmaceutical and psychiatric records which shall include, without limitation:

1. All medical records in your possession, including but not limited to: physical therapy, rehabilitation, vocational rehabilitation, narrative reports, operative reports, nurses' notes, health questionnaires, diagnostic tests and reports, office notes, telephone messages, psychotherapy records, pharmacy records, hospital records and itemized billing statements.
2. This includes records generated by other health care providers which are continued in my chart.
3. This includes **COPIES ONLY** of diagnostics tests including all films and corresponding reports.
4. Authorizations restricted to:_____

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City of Buffalo Law Department
65 Niagara Square
1100 City Hall
Buffalo, New York 14202

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The purpose of this request is for Litigation and any medical examinations, medical record reviews and physical injury evaluations in connection therewith.

Josué D. Ortiz	1-3-18	10/14/1981
Signature of Individual	Date	Date of Birth
Briana E. Croce		1/3/18
Signature of Guardian/Personal/Legal Representative Notary Public/Witness		Date

BRIANA E CROCE NOTARY PUBLIC STATE OF NEW YORK NO. 01CR6340476 QUALIFIED IN ERIE COUNTY COMM. EXP. 04/18/20

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